

# **EXHIBIT 9**



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## Office of the Medical Examiner

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Assistant Medical Examiners

Keith Stephens  
Chief Investigator  
Kristy Hawkes  
Deputy Chief Investigator

### REPORT OF EXAMINATION

Name: **MILLER, Heather Ashton**  
Case #: **R201602989**  
Age: 28  
Race: White  
Sex: Female

Date & Time of Death: 12/21/2016 – 22:06  
Date & Time of Exam: 12/22/2016 – 10:15  
Examination by: Erik D. Christensen, M.D.  
Investigating Agency: Weber County Sheriff  
Exam Witnesses: Jeff Lembores and Garn Sever

Manner of Death: Accident  
Cause of Death: Blunt force injuries of abdomen

### FINAL PATHOLOGIC DIAGNOSES

- I. Blunt force injuries of abdomen.
  - A. Hemoperitoneum (1.3 L).
  - B. Transection and lacerations of spleen.
- II. Laceration of chin.
- III. Postmortem toxicology.
  - A. Methamphetamine, blood: 320 ng/mL.
  - B. Amphetamine, blood (methamphetamine metabolite): 100 ng/mL.
  - C. Delta-9-THC, blood: 16 ng/mL.
  - D. Delta-9-carboxy-THC, blood (THC metabolite): 11 ng/mL.

**OPINION:** This 28-year-old White female, Heather Ashton Miller, died as a result of blunt force injuries of abdomen sustained when she reportedly fell from the upper bunk in her cell while attempting to climb down about a day and a half after being booked into the jail. She was seen by medical personnel and no obvious injuries were noted. Postmortem toxicology is positive for both methamphetamine and THC at the time of her death.

Erik D. Christensen, M.D.  
Chief Medical Examiner

Date Signed: 1/16/2017

EDC/bg

## Report of Autopsy

Name – **MILLER, Heather Ashton**

Case No. – **R201902989**

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### EXTERNAL EXAMINATION

Personal effects and clothing: See “Body Inventory and Release Sheet.”

Race: White

Sex: Female

Habitus: Normally developed and well nourished.

Weight 79 kg 174 lbs

Length 172 cm 67 inches

BMI 26.7 kg/m<sup>2</sup>

Temperature: Cold (refrigerated).

Rigor: Firm.

Livor: Red-purple. Posterior. Blanching.

Decomposition changes: None.

Head (general): Laceration of point of chin (1.9 cm); otherwise, normal.

Skull and facial skeleton: Intact to palpation.

Hair: Brown and 20 cm in length. Pink highlights.

Facial hair: None.

Eyes: Green irides. Tache noir; otherwise normal.

Ears: Normal.

Nose: Normal.

Teeth: Natural and of moderately good repair.

Neck: Normal.

Chest: Symmetrical.

Abdomen: Stretch marks. Soft.

External genitalia: Normal. Trimmed pubic hair.

Upper extremities: Symmetrically formed and normal.

Lower extremities: Symmetrically formed. Minor abrasions of left knee and shin. Red nail polish on toenails.

Back and buttocks: Normal.

External body markings:

Scars: Small scar on medial left lower leg.

Tattoos: “Seventh Seal Seductress” on left upper chest. “Heart Breaker” in lower back.

Evidence of medical therapy: Endotracheal tube in mouth with strap. Intraosseous catheters in proximal right humerus and left proximal tibia. Multiple punctures in right antecubital fossa.

### EVIDENCE OF INJURY

INJURIES OF THE TORSO: No external trauma is present. Internal examination revealed near complete transection of the spleen at the inferior pole, approximately 3 cm from the tip. There are also adjacent capsular lacerations. Sectioning reveals parenchymal fractures as well. Associated with the splenic injuries are 1.3 liters of blood and clot within the peritoneal cavity.

## Report of Autopsy

Name – **MILLER, Heather Ashton**

Case No. – **R201902989**

*Handwritten signature and date 1/16*

### INTERNAL EXAMINATION

#### BODY CAVITIES:

Fluids: Blood and clot in abdomen as described. Otherwise, none.

Adhesions: None.

Organs: Present in their normal and anatomic positions.

#### HEAD (Central Nervous System):

Scalp: Normal.

Skull: Normal.

Intracranial hemorrhage: Absent.

Brain weight: 1290 grams.

Leptomeninges: Normal.

Cranial nerves and main vessels: Normal where identified.

Cerebral hemispheres: Normal surfaces and sections.

Brainstem and cerebellum: Normal surfaces and sections.

Spinal cord: Not examined.

#### NECK:

Soft tissues, including the tongue, strap muscles, and large vessels: Normal.

Hyoid bone and larynx: Normal.

#### CARDIOVASCULAR SYSTEM:

Heart weight: 310 grams.

Pericardial sac and epicardial surfaces: Normal

Coronary arteries: Normal.

Myocardium: Normal.

Chambers: Normal.

Walls: Normal.

Valves: Normal.

Septa: Normal.

Aorta: Normal.

#### RESPIRATORY SYSTEM:

Trachea and bronchi: Normal.

Lung weights: 470 grams right; 320 grams left.

Pleural surfaces: Normal.

Lung parenchyma: Normal.

Pulmonary arteries: Normal.

#### LIVER AND BILIARY SYSTEM:

Liver weight: 1210 grams.

Capsule: Normal.

Tissue: Normal.

Gallbladder: 10 ml of bile.

## Report of Autopsy

Name – **MILLER, Heather Ashton**

Case No. – **R201902989**

  
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### DIGESTIVE SYSTEM:

Esophagus: Normal.  
Gastric mucosa: Normal.  
Gastric Contents: 275 ml of light tan-peach fluid.  
Small and large bowels: Normal.  
Appendix: Present.  
Pancreas: Normal.

### UROGENITAL SYSTEM:

Kidney weights: Right 150 grams; left 160 grams.  
Surface: Normal.  
Cut surface: Normal.  
Urinary bladder: No urine.  
Prostate and testes: Normal.  
Uterus, fallopian tubes, ovaries, and cervix: Normal.

### RETICULOENDOTHELIAL SYSTEM:

Spleen weight: 260 grams. Injuries as described. Otherwise, normal.  
General appearance: Near-complete transection.  
Lymph nodes: Normal where identified.  
Bone marrow: Normal.

### ENDOCRINE SYSTEM:

Pituitary, thyroid and adrenal glands: Normal.

### MUSCULOSKELETAL SYSTEM:

Bones and muscle: Normal where examined.

## MICROSCOPIC DESCRIPTION

Representative portions of the organs are preserved. No tissue is submitted for microscopic examination.



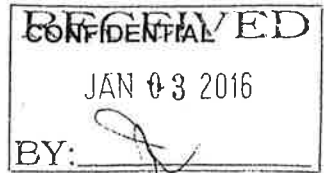
# NMS Labs

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Phone: (215) 657-4900 Fax: (215) 657-2972

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Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director



## Toxicology Report

Report Issued 01/03/2017 16:00

To: 10502

Utah Office of the Medical Examiner

Attn: Brandon Callor

48 N. Mario Capecchi Drive

Salt Lake City, UT 84113

Patient Name Miller Heather

Patient ID 201602989

Chain 69675

Age 28 Y DOB [REDACTED]

Gender Female

Workorder 16387454

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## Positive Findings:

Compound	Result	Units	Matrix Source
Delta-9 Carboxy THC	11	ng/mL	001 - Femoral Blood
Delta-9 THC	16	ng/mL	001 - Femoral Blood
Amphetamine	100	ng/mL	001 - Femoral Blood
Methamphetamine	320	ng/mL	001 - Femoral Blood

See Detailed Findings section for additional information

## Testing Requested:

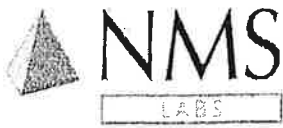
Analysis Code	Description
8052B	Postmortem, Expanded, Blood (Forensic)

## Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Gray Top Tube	8 mL	12/22/2016 09:45	Femoral Blood	
002	Gray Top Tube	7 mL	12/22/2016 09:45	Femoral Blood	
003	Red Top Tube	6 mL	12/22/2016 10:15	Femoral Blood	
004	Red Top Tube	2.25 mL	12/22/2016 10:25	Vitreous Fluid	
005	White Plastic Container	24.1 g	12/22/2016 10:57	Liver Tissue	
006	Blue Vial	8.25 mL	12/22/2016 10:52	Gastric Fluid	LIGHT BROWN FLUID, pH=4

All sample volumes/weights are approximations.

Specimens received on 12/23/2016.



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Workorder 16387454  
Chain 69675  
Patient ID 201602989

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**Detailed Findings:**

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Delta-9 Carboxy THC	11	ng/mL	5.0	001 - Femoral Blood	LC-MS/MS
Delta-9 THC	16	ng/mL	0.50	001 - Femoral Blood	LC-MS/MS
Amphetamine	100	ng/mL	5.0	001 - Femoral Blood	LC-MS/MS
Methamphetamine	320	ng/mL	5.0	001 - Femoral Blood	LC-MS/MS

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Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

**Reference Comments:**

1. Amphetamine (Benzphetamine Metabolite) - Femoral Blood:

Amphetamine (Adderall, Dexedrine) is a Schedule II phenethylamine CNS-stimulant. It is used therapeutically in the treatment of narcolepsy and obesity and also in the treatment of hyperactivity in children. Amphetamine has a high potential for abuse. When used in therapy, initial doses should be small and increased gradually. In the treatment of narcolepsy, amphetamine is administered in daily divided doses of 5 to 60 mg. For obesity and children with attention deficits, usual dosage is 5 or 10 mg daily.

Following a single oral dose of 10 mg amphetamine sulfate, a reported peak blood concentration of 40 ng/mL was reached at 2 hr. Following a single 30 mg dose to adults, an average peak plasma level of 100 ng/mL was reported at 2.5 hr. A steady-state blood level of 2000 - 3000 ng/mL was reported in an addict who consumed approximately 1000 mg daily.

Overdose with amphetamine can produce restlessness, hyperthermia, convulsions, hallucinations, respiratory and/or cardiac failure. Reported blood concentrations in amphetamine-related fatalities ranged from 500 - 41000 ng/mL (mean, 9000 ng/mL). Amphetamine is also a metabolite of methamphetamine, benzphetamine and selegiline.

2. Delta-9 Carboxy THC (Inactive Metabolite) - Femoral Blood:

Delta-9-THC is the principle psychoactive ingredient of marijuana/hashish. Delta-9-carboxy-THC (THCC) is the inactive metabolite of THC. The usual peak concentrations in serum for 1.75% or 3.55% THC marijuana cigarettes are 10 - 101 ng/mL attained 32 to 240 minutes after beginning smoking, with a slow decline thereafter. The ratio of whole blood concentration to plasma concentration is unknown for this analyte. THCC may be detected for up to one day or more in blood. Both delta-9-THC and THCC may be present substantially longer in chronic users. THCC is usually not detectable after passive inhalation.

3. Delta-9 THC (Active Ingredient of Marijuana) - Femoral Blood:

Marijuana is a DEA Schedule I hallucinogen. Pharmacologically, it has depressant and reality distorting effects. Collectively, the chemical compounds that comprise marijuana are known as Cannabinoids.

Delta-9-THC is the principle psychoactive ingredient of marijuana/hashish. It rapidly leaves the blood, even during smoking, falling to below detectable levels within several hours. Delta-9-carboxy-THC (THCC) is the inactive metabolite of THC and may be detected for up to one day or more in blood. Both delta-9-THC and THCC may be present substantially longer in chronic users.

THC concentrations in blood are usually about one-half of serum/plasma concentrations. Usual peak levels in serum for 1.75% or 3.55% THC marijuana cigarettes: 50 - 270 ng/mL at 6 to 9 minutes after beginning smoking, decreasing to less than 5 ng/mL by 2 hrs.

4. Methamphetamine (Benzphetamine Metabolite) - Femoral Blood:

d-methamphetamine is a DEA schedule II stimulant drug capable of causing hallucinations, aggressive behavior and irrational reactions. Chemically, there are two forms (isomers) of methamphetamine: l- and d-methamphetamine. The l-isomer is used in non-prescription inhalers as a decongestant and has weak CNS-stimulatory activity. The d-isomer has been used therapeutically as an anorexigenic agent in the treatment of obesity and has potent CNS-, cardiac- and circulatory-stimulatory activity. Amphetamine and norephedrine (phenylpropanolamine) are metabolites of methamphetamine. d-methamphetamine is an abused substance because of its stimulatory effects and is also addictive.



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**Reference Comments:**

A peak blood concentration of methamphetamine of 20 ng/mL was reported at 2.5 hr after an oral dosage of 12.5 mg. Blood levels of 200 - 600 ng/mL have been reported in methamphetamine abusers who exhibited violent and irrational behavior. High doses of methamphetamine can also elicit restlessness, confusion, hallucinations, circulatory collapse and convulsions.

\*In this case, the level of methamphetamine determined has not been differentiated according to its isomeric forms. Differentiation of the isomers of methamphetamine is available upon request.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded thirteen (13) months from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed. Chain of custody documentation has been maintained for the analyses performed by NMS Labs.

Workorder 16387454 was electronically  
signed on 01/03/2017 15:04 by:

Edward J. Barbieri, Ph.D.  
Forensic Toxicologist

**Analysis Summary and Reporting Limits:**

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

**Acode 52198B - Cannabinoids Confirmation, Blood (Forensic) - Femoral Blood**

-Analysis by High Performance Liquid Chromatography/  
TandemMass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
11-Hydroxy Delta-9 THC	1.0 ng/mL	Delta-9 THC	0.50 ng/mL
Delta-9 Carboxy THC	5.0 ng/mL		

**Acode 52485B - Amphetamines Confirmation, Blood (Forensic) - Femoral Blood**

-Analysis by High Performance Liquid Chromatography/  
TandemMass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Amphetamine	5.0 ng/mL	Norpseudoephedrine	5.0 ng/mL
Ephedrine	5.0 ng/mL	Phentermine	10 ng/mL
MDA	5.0 ng/mL	Phenylpropanolamine	5.0 ng/mL
MDEA	10 ng/mL	Pseudoephedrine	5.0 ng/mL
Methamphetamine	5.0 ng/mL		

**Acode 8052B - Postmortem, Expanded, Blood (Forensic) - Femoral Blood**

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Barbiturates	0.040 mcg/mL	Salicylates	120 mcg/mL
Cannabinoids	10 ng/mL		

-Analysis by Headspace Gas Chromatography (GC) for:



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Patient ID 201602989

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**Analysis Summary and Reporting Limits:**

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

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-Analysis by High Performance Liquid Chromatography/

Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of compound classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified compound class are included. Some specific analytes outside these classes are also included.

For a detailed list of all analytes and reporting limits, please contact NMS Labs.

Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnotics, Hypoglycemics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.

Salt Lake City, Utah

# Evidence Release Sheet

Case #: 201602989

Name: MILLER, Heather Ashton

DOD: [REDACTED]

Dr.: ~~ED~~ C

Investigating Agency: McKay-Dee Hospital Center

Investigator: Hartman, Cameron E

Contact:

Item Collected		Del	Item Collected			Del
Bags from hands			Swabs	Smears		
Fingernail clippings	Right Hand		<input type="checkbox"/>	<input type="checkbox"/>	Oral	
	Left Hand		<input type="checkbox"/>	<input type="checkbox"/>	Vaginal	
GSR Kit			<input type="checkbox"/>	<input type="checkbox"/>	Cervical	
			<input type="checkbox"/>	<input type="checkbox"/>	Anal	
Fingerprints			<input type="checkbox"/>	<input type="checkbox"/>	Rectal	
Palm prints			<input type="checkbox"/>	<input type="checkbox"/>	Penile	
Blood spot card			Hair Samples		Head	
Photo CD					Pubic	

[illegible]

Released By:

Released To:

Date: 12/22

Time:

Signature: \_\_\_\_\_